



## CITY OF WILLIAMSBURG Tree Removal Request

**Applicant:** Please complete sections I and II, sign, date, and return/mail to the Williamsburg Planning Department, 401 Lafayette Street, Williamsburg, Virginia 23185-3617. Thank you.

**I. Applicant Information**

Property Owner (Name): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tree Removal Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**II. Tree Removal Information**

a. Number of trees to be cut? \_\_\_\_\_ Size(s) \_\_\_\_\_

b. Type (species) of trees to be cut? \_\_\_\_\_

c. Location: \_\_\_\_\_

d. Reason for removal:

Diseased \_\_\_\_\_ Damaged \_\_\_\_\_ Other \_\_\_\_\_

If other explain: \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**City Use Only**

**Inspection Date:** \_\_\_\_\_ **Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

**Inspectors Name and Signature:** \_\_\_\_\_

**Tree Removal Permit Number:** \_\_\_\_\_

**City approval does not forfeit any tree removal process and requirement that is required by a Home Owner's Association.**